



HOLLYWOOD

Like Nowhere Else!

Department of Parks, Recreation & Cultural Arts Emergency Information and Release Form

2015 PBASF Basketball

Facility: Washington Park Program: Tournament Day/Time: _____

Participant's Name: _____

Address: _____ City _____ Zip _____

Home Phone _____ Other Phone _____

If Participant is a minor:

Mother's Name _____ Cell _____

Father's Name _____ Cell _____

Photo Release

I hereby consent to the public use of photographs or videos of myself, my son/daughter or ward for publicity purposes, for purposes of trade, or for any commercial or advertising purpose

Participant Signature

Date

Parent/Legal Guardian Signature

Date

EMERGENCY MEDICAL AUTHORIZATION

It is understood that this agreement covers only those situations, which are true emergencies, and only when I cannot be reached. Otherwise, I expect to be notified immediately. I authorize a representative of the City of Hollywood to obtain immediate medical care and I consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child _____ if an emergency occurs when I cannot be located immediately. I understand that I am responsible for payment of medical expenses.

Name of Medical Insurance: _____ Name of Insurance Co.: _____

Policy No. _____ Child's Physician/Clinic _____

Address _____ Phone Number: () _____

Date signed: _____

Signature of Parent/Guardian

FULL AND COMPLETE WAIVER AND RELEASE OF LIABILITY

In consideration of being given the opportunity to participate in the event activities scheduled on Jun 28 to Dec 2015 at Washington Park, I hereby release the City of Hollywood, FL and its officers, directors, employees, agents, and assigns from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, or death which might occur while participating in any tournament activities. I specifically release them from any liability or responsibility for the condition of the premises, which I have had the opportunity to inspect. I understand the nature of the activity and represent that I, as a participant, or any minor child, as a participant, am/is qualified to participate and in good health and proper physical condition to participate. I am aware of the risks of participation, which include, but are not limited to, the actions of any other participants and spectators and the chance of serious bodily injury, including permanent disability, paralysis, and death, from engaging in the tournament event activities. I understand that participation in the PBASF tournament event activities is strictly voluntary, and I freely choose to participate or for my minor child to participate.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE CITY OF HOLLYWOOD, FL AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, AND ASSIGNS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF HOLLYWOOD, FL AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, AND ASSIGNS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF HOLLYWOOD, FL HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

_____ Date _____ Participant's Name _____

Signature of Participant (or Parent/Guardian if Participant is a Minor or under the Age of 18)

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____ as _____ of _____, who is personally known to me or who has produced _____ as identification. My Commission Expires _____

Commission No. _____

Notary Public, State of Florida at Large

Notary Printed Name